

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM
460

Page 1 of 18

For Official Use Only

25 SEP 2020 AM 9:35
CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Date Stamp

Statement covers period
from 07/01/2020
through 09/19/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 5)
(Also Complete Part 6)
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1424210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2020

Treasurer(s)

NAME OF TREASURER

Oscar Alejandro Escobedo

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

124 W. Main Street, Suite D

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

Santa Maria

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

STREET ADDRESS (NO P.O. BOX)

124 W. Main Street, Suite D

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

carlosforscitycouncil@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020

Date

Executed on 09/24/2020

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|-------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Carlos Escobedo | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| City Council Member: City of Santa Maria District 1 | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| 1010 W. Alvin Avenue | Santa Maria | CA | 93458 |

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | |
|------------------------|---|
| NAME OF BALLOT MEASURE | |
| BALLOT NO. OR LETTER | JURISDICTION <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| | |
|---|---------------------|
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7.

Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM 460

Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

| | | | | | | |
|---------------------------------|--------------------|-----------|----|-----------|------------------|-------------|
| 1. Monetary Contributions | Schedule A, Line 3 | 13,893.75 | \$ | 24,799.38 | 1/1 through 6/30 | 7/1 to Date |
| 2. Loans Received | Schedule B, Line 3 | 2,000.00 | \$ | 2,000.00 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | 15,893.75 | \$ | 26,799.38 | | |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | \$ | 0.00 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | 15,893.75 | \$ | 26,799.38 | | |

Expenditures Made

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Expenditure Limit Summary for State
Candidates

| | | | | | | |
|------------------------------------|----------------------|----------|----|----------|--|--|
| 6. Payments Made | Schedule E, Line 4 | 7,023.05 | \$ | 7,380.76 | | |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | \$ | 0.00 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | 7,023.05 | \$ | 7,380.76 | | |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | \$ | 0.00 | | |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | \$ | 0.00 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | 7,023.05 | \$ | 7,380.76 | | |

Current Cash Statement

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Expenditure Limit Summary for State
Candidates

| | | | | | | |
|-------------------------------------|---|-----------|----|--|--|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | 10,547.92 | \$ | | | |
| 13. Cash Receipts | Column A, Line 3 above | 15,893.75 | \$ | | | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 | \$ | | | |
| 15. Cash Payments | Column A, Line 8 above | 7,023.05 | \$ | | | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | 19,418.62 | \$ | | | |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Expenditure Limit Summary for State
Candidates

| | | | | | | |
|------------------------------|--------------------|------|----|--|--|--|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | 0.00 | \$ | | | |
|------------------------------|--------------------|------|----|--|--|--|

Cash Equivalents and Outstanding Debts

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Expenditure Limit Summary for State
Candidates

| | | | | | | |
|-----------------------|---------------------------------------|----------|----|--|--|--|
| 18. Cash Equivalents | See instructions on reverse | 0.00 | \$ | | | |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | 2,000.00 | \$ | | | |

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM

460

Page 4 of 18

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
1424210

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------|--|---|--|-----------------------------------|---|--|
| 07/02/2020 | Lisa M. Long 4340 Meadow Drive Orcutt, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Controller Central Coast Water Authority | 500.00 | 500.00 | |
| 07/09/2020 | Gale J. McNeeley 224 Palm Court Drive Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer Self Employed | 100.00 | 100.00 | |
| 07/09/2020 | Roger Galvan 614 W. Main St. Santa Maria, CA 93458 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Xtreme Electronics | 150.00 | 250.00 | |
| 07/09/2020 | Orsy O. Duran 609 W. Main St. Santa Maria, CA 93458 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Taxpress | 250.00 | 250.00 | |
| 07/15/2020 | King's Tire and Wheel 317 W. Main St. Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| SUBTOTAL \$ 1,200.00 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 13,650.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 243.75

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 13,893.75

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

Page 5 of 18

I.D. NUMBER
1424210

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------|---|---|--|-----------------------------------|---|--|
| 07/15/2020 | La Tapatia Bakery 419 W. Main St. Santa Maria, CA 93454 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 07/15/2020 | D&S Tires, Inc, DBA: Calderons Tires & Services 333 S. Blosser Rd. Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 07/15/2020 | Domenico R. Escobedo 940 W. Anthony Pl Santa Maria, CA 93458 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Tow truck Driver Four Corners Towing | 1,000.00 | 1,000.00 | |
| 07/17/2020 | Daniel D. Blough 2637 Lorencita Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Dan Blough Construction | 1,000.00 | 1,000.00 | |
| 07/17/2020 | Tim Seifert 2353 A St. Santa Maria, CA. 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Construction Dan Blough Construction | 250.00 | 250.00 | |
| SUBTOTAL \$ 3,000.00 | | | | | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | | |
|--|--|------------------------|--|
| Statement covers period from 07/01/2020 through 09/19/2020 | | CALIFORNIA FORM 460 | |
| Page 6 of 18 | | I.D. NUMBER 1424210 | |

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------|--|---|--|-----------------------------------|---|--|
| 07/17/2020 | Calderon Brothers, Inc 1777 Cambridge Way Santa Maria, CA 93454 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 07/28/2020 | Franziska M. Shepard 1418 E. Main St. Ste. 130 Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Shepard Eye Center | 1,000.00 | 3,000.00 | |
| 07/28/2020 | Edwin Hodges 1005 Orchid St. Lompoc, CA 93436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CalWORKs Coordinator Allan Hancock College | 100.00 | 100.00 | |
| 08/07/2020 | Armando's Autobody & Paint, Inc 315 Dal Porto Ln, Unit C Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 08/19/2020 | Diana M. Perez 351 Siler Ln. Santa Maria, CA. 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Cal-SOAP Director Allan Hancock College | 250.00 | 500.00 | |
| SUBTOTAL \$ 2,350.00 | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | | |
|--|--|---------------------|--|
| Statement covers period from 07/01/2020 through 09/19/2020 | | CALIFORNIA FORM 460 | |
| Page 7 of 18 | | I.D. NUMBER 1424210 | |

| NAME OF FILER | DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| Carlos Escobedo for Santa Maria City Council District 1 2020 | | | | | | | |
| | 08/20/2020 | Bonita Packing Co. 1850 W. Stowell Rd. Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,000.00 | 2,000.00 | |
| | 08/27/2020 | Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dermatologist West Dermatology | 500.00 | 1,000.00 | |
| | 08/31/2020 | Carniceria El Matador, Inc 101 North Depot St. Suite B Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| | 08/31/2020 | La Casa del Celular 425 W. Main St. Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| | 09/08/2020 | Plumbers & Steamfitters Local Union 114 ID: 890465 555 Capitol Mall, Suite 400 Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ 4,800.00 | | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | | |
|--|--|--|--|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | | CALIFORNIA FORM 460 Page <u>8</u> of <u>18</u> I.D. NUMBER 1424210 | |
| NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020 | | | |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------------|---|---|--|-----------------------------------|---|--|
| 09/10/2020 | Whitney Rush 1321 Chino St. Santa Barbara, CA 93101 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Rail & Transit Project Manager SBCAG | 100.00 | 100.00 | |
| 09/11/2020 | Rafael Gutierrez 1750 Domingues St. Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lawyer R. G. Gutierrez Law Firm | 200.00 | 300.00 | |
| 09/16/2020 | UA Journeymen & Apprentices, Local #250 ID: 743959 18355 S. Figuero St. Gardena, CA 90248 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/16/2020 | Southern California Pipe Trades, #16 ID: 760715 501 Shatto Place, Suite 400 Los Angeles, CA 90020 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 2,300 | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

Schedule B – Part 1 Loans Received

Statement covers period from 07/01/2020 through 09/19/2020

Page 9 of 18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|---------------------------------|--|---|-------------------------------|-----------------------------|--------------------------------------|
| Carlos Escobedo 1010 W. Alvin Avenue Santa Maria, CA 93458 | Outreach Specialist Allan Hancock College | 0.00 | 2,000.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | 2,000.00 | 0.00 % | 2,000.00 | 2,000.00 |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | DATE INCURRED | PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | DATE INCURRED | PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | | DATE INCURRED | PER ELECTION** |

SUBTOTALS \$ 2,000.00 \$ 0.00 \$ 2,000.00 \$ 0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 2,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2,000.00
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM

460

Page 10 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

FULL NAME, STREET ADDRESS AND ZIP CODE OF
CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CONTRIBUTOR
CODE *

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

LOAN

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

LENDER

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

LENDER

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

LENDER

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

LENDER

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

SUBTOTAL \$ 0.00

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

Page 11 of 18

I.D. NUMBER
1424210

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|--|--|---|-------------------------------------|---------------------------------|--|--|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

..... \$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM
460

Page 12 of 18

I.D. NUMBER
1424210

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|--|------------------------------|-----------------------|---|--|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ 0.00 | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL .. \$ 0.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Statement covers period

from 07/01/2020

through 09/19/2020

Page 13 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454 | FIL | | | 1,000.00 |
| Vista Printing 395 Olive Ave, Vista, CA 92083 | CMP | | | 206.87 |
| CA Slates 249 E. Ocean Blvd., #670 Long Beach, CA 90802 | LIT | | | 1,600.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,806.87

Schedule E Summary

| | |
|--|-------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 6,803.87 |
| 2. Unitemized payments made this period of under \$100 | \$ 219.18 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 7,023.05 |

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|------------------------|
| Statement covers period from 07/01/2020 through 09/19/2020 | | CALIFORNIA 460 FORM |
| Page 14 of 18 | | |
| NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020 | | I.D. NUMBER 1424210 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Aaron, Thomas & Associates, Inc. 21344 Superior Street Chatsworth, CA 91311 | LIT | | | 2,094.00 |
| Calsal Voter Guide 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505 | LIT | | | 133.00 |
| Budget Watchdogs Newsletter 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505 | LIT | | | 284.00 |
| Election Digest 22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505 | LIT | | | 236.00 |
| Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 | LIT | | | 1,250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3,997.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

| | | |
|---|--|---------------------------|
| Statement covers period from 07/01/2020 through 09/19/2020 | | CALIFORNIA FORM 460 |
| SEE INSTRUCTIONS ON REVERSE | | Page 15 of 18 |
| NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020 | | I.D. NUMBER 1424210 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TSF staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | VOT voter registration |
| LEG legal defense | PRO professional services (legal, accounting) | WEB information technology costs (internet, e-mail) |
| LIT campaign literature and mailings | PRT print ads | |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | \$ | \$ | \$ | \$ |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020

CALIFORNIA 460
FORMPage 16 of 18

I.D. NUMBER

1424210

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

| | | | |
|---------------|--|-----------|-------------|
| TOTAL* | | \$ | 0.00 |
|---------------|--|-----------|-------------|

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fpcc.ca.gov

Amounts may be rounded
to whole dollars.

SCHEDULE H

Schedule H Loans Made to Others*

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM

460

Page 17 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | \$ CALENDAR YEAR PER ELECTION** |
| | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | \$ CALENDAR YEAR PER ELECTION** |
| SUBTOTALS | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period..... 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans..... 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)..... NET \$ 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA FORM 460

Statement covers period

from 07/01/2020

through 09/19/2020

Page 18 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

1424210

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- Itemized increases to cash this period. \$ 0.00
- Unitemized increases to cash of under \$100 this period. \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0.00